

Official State Notification

Senate Bill 30 Medicaid Re-enrollment

We Need YOU!

Why do we need you?

We need you because the Medicaid program needs quality providers. The Texas Department of Health and the Texas Health and Human Services Commission have recently simplified the re-enrollment process to encourage you to re-enroll in the Texas Medicaid Program **NOW**.



The requirements for Texas Medicaid providers to comply with Senate Bill 30 have been reduced to completion of the Provider Agreement **ONLY**, pages 8-1 through 8-9 of the re-enrollment packet. Specifically, providers must submit their name and Medicaid numbers on page 8-1 (and page 8-7, if signing for more than one provider number) and submit original signatures in ink on pages 8-7 and 8-8. The signatures do **not** need to be notarized.

COMPLETED PAGES 8-1 THROUGH 8-9 OF THE PACKET MUST BE POSTMARKED NO LATER THAN MIDNIGHT ON SEPTEMBER 1, 1999, FOR A PROVIDER TO BE RE-ENROLLED IN THE TEXAS MEDICAID PROGRAM.

AVOID THE RUSH AND SUBMIT YOUR PACKET NOW!



If you have gathered information requested in the remainder of the re-enrollment packet, you are encouraged to submit that information when submitting your provider agreement to NHIC. Federal and state laws require providers to keep the state informed with up-to-date information by notifying NHIC's Provider Enrollment Department in writing. After September 1, 1999, the state will follow up with providers regarding this information. If you have questions about the enrollment or re-enrollment processes, please call NHIC's Customer Service Department at **800-925-9126**.



ENROLLMENT PROCESSES FOR NEW PROVIDERS HAVE NOT CHANGED.



Here are some tips for completing the provider agreement:

- Get a comprehensive list of all your current billing and performing provider numbers from your billing office/agent.
- If you have 2 or more provider numbers, list them in the addendum statement on the bottom of 8-7 and sign in ink.
- Group/billing provider numbers **cannot** include their performing provider numbers in the addendum statement of the agreement.
- Each provider must complete Attachment I, page 8-8 of the Provider Agreement in its entirety by completing both sets of check boxes and signing the bottom of the page as the "Potential Contractor."
- All three signatures should be the signing authority for that provider number/s and should be the same person on pages 8-7 through 8-8 for all signature lines.



Return your completed re-enrollment packet/s to the following address:

**National Heritage Insurance Company
ATTN: Provider Enrollment
11044 Research Blvd.
Austin, TX 78759-5239**



EDS

National Heritage Insurance Company
11044 Research Blvd, Bldg C
Austin TX 78759-5239

BULK RATE
US POSTAGE PD
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MEDICAID DISENROLLMENT INFORMATION ENCLOSED